CENTERSTOR	CMEDICANE & MEDIC	THE SERVICES			ONID 110. 0750-0571	
STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED	
		155757	A. BUILDING		- 03/07/2011	
		155757	B. WING		03/07/2011	
			STREE	F ADDRESS, CITY, STATE, ZIP CODE	*	
NAME OF F	PROVIDER OR SUPPLIER	8	7510	ROSEGATE DR		
DOSECA	TE VIII ACE II C		l l			
RUSEGA	ATE VILLAGE LLC		IINDIA	NAPOLIS, IN46237		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID	BROWDERIC BY AN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	J
TAG	· ·	LSC IDENTIFYING INFORMATION)	TAG CROSS-REFERENCED TO THE AF		PRIATE DATE	
IAG	REGULATORT OR	ESC IDENTIFTING INFORMATION)	IAG		DATE	
K0000	A Life Sefety Co	ode Recertification and	K0000	The creation and submission of t	his	
KUUUU			KUUUU	Plan of Correction does not		
	State Licensure S	Survey was conducted by		1		
	the Indiana State	Department of Health in		constitute an admission by this		
		•		provider of any conclusion set for		
	accordance with	42 CFR 483.70(a).		in the statement of deficiencies,	or of	
				any violation of regulation.		
	Survey Date: 03	3/07/11				
	Survey Bute. 03	707711		This provider respectfully reques	sts	
				that the 2567L Plan of Correction		
	Facility Number	: 011149		considered the Letter of Credible	l l	
	Provider Numbe	r: 155757			'	
				Allegation and requests a Post		
	AIM Number: 2	200829340		Survey Review on or after April	6,	
				2011.		
	Surveyor: Mark	Caraher, Life Safety				
	The state of the s	Caraner, Life Salety				
	Code Specialist					
	A 4 41. : a T : Ca Ca Ca	to Codo monos. Documento				
		ty Code survey, Rosegate				
	Village LLC was	s found not in compliance				
	with Requiremen	nts for Participation in				
	•	•				
		aid, 42 CFR Subpart				
	483.70(a), Life S	Safety from Fire and the				
	2000 edition of t	he National Fire				
	Protection Assoc	eiation (NFPA) 101, Life				
	Safety Code (LS	C), Chapter 18, New				
	` `	upancies and 410 IAC				
		upancies and 410 IAC				
	16.2.					
	This one story fo	icility was determined to				
		-				
	be of Type V (11	1) construction and fully		1		
	sprinklered. The	e facility has a fire alarm				
	_	-				
	-	oke detection in the				
	corridors, residen	nt rooms and all areas not				
	-	he corridor. The facility		1		
	-	-				
	has a capacity of	150 and a census of 146.				
			ı	1	ı	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

EQ7B21

Facility ID:

011149

TITLE

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		155757	B. WING		03/07/2011
NAME OF F	PROVIDER OR SUPPLIER	\ \	l	ADDRESS, CITY, STATE, ZIP CODE	
ROSEGA	ATE VILLAGE LLC		I	OSEGATE DR IAPOLIS, IN46237	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX		CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	Safety Code Special	Robert Booher, REHS, Life list-Medical Surveyor on			
	03/18/11.				
	The facility was	found not in compliance			
		entioned regulatory			
		evidenced by the			
	following:	•			
	-				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED
		155757	B. WIN			03/07/2011
			D. ((1)		ADDRESS, CITY, STATE, ZIP CODE	
NAME OF P	ROVIDER OR SUPPLIER			7510 R	OSEGATE DR	
	TE VILLAGE LLC				IAPOLIS, IN46237	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE
K0038			K00		Whati corrective action(s) will	
		ation and interview, the	Kuu	138	be accomplished fior tihose residen	
SS=E	_	ensure the means of			fiound tio have been affectied by til	
		of 7 delayed egress locks			deficienti practice	
	_	ssible for all residents,				
		LSC 7.2.1.6.1, Delayed			No residentts were ftound tt	1
	_	quires approved, listed,			have any negattve outtcome by tthe	
		ocks shall be permitted to			ftndings.	
		oors serving low and			2) How will you identify otiher	
	_	contents in buildings			residentis having tihe potiential tio	
	-	nout by an approved,			afiectied by tihe same deficienti	
	_	natic fire detection system			practice and whati corrective action	n
		dance with Section 9.6,			will be tiaken?	
		supervised automatic			All and desired and the second and the	- 1
		installed in accordance			All residentts have tthe pottenttal tto aftectted by tthe findingThe ftrontt	o be
	with Section 9.7,	and where permitted in			lobby exitt door was repaired so tthat	att
	-	ugh 42, provided that the			itt now releases when tthe door	
	following criteria	a are met.			handle is pushed ftor more tthad 15	
	(a) The doors unl	lock upon actuation of an			seconds. All exitt doors equipped	
	approved, superv	rised automatic sprinkler			witth delayed egress locks were	
	system installed i	in accordance with			checked ftor proper operatton and	
	Section 9.7, or up	oon the actuation of any			ftound tto be in proper operattng order.	
	heat detector or n	not more than two smoke			order.	
	detectors of an ap	pproved, supervised			3) Whati measures will be puti	
	automatic fire de	tection system installed			intio place or whati systiemic chang	ges
	in accordance wi	th Section 9.6.			you will make tio ensure tihati tihe	
	(b) The doors unl	lock upon loss of power			deficienti practice does noti recui	
	controlling the lo	ock or locking			7.67	.
	mechanism.	-			7 oft 7means oft egress witth delaye egress locks are now readily	a
	(c) An irreversible	le process shall release			accessible tto all residenttssttaft and	
	the lock within 1	-			visittors As partt oft tthe ongoing	
		Force to the release device			ftacilitty preventtattve mainttenance	
		5.4 that shall not be			program, tthe Mainttenance Directto	or
	_	ed 15 lbf nor required to			inspectts delayed egress locks ftor	
		<u> </u>			proper operatton on a weekly basis.	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

EQ7B21 Facility ID:

011149

If continuation sheet

Page 3 of 12

STATEMEN	EMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) MULT		MULTIPLE CONSTRUCTION (X3) DATE SURVEY		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING COMPLETED			COMPLETED
		155757	B. WIN			03/07/2011
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE	!
NAME OF I	PROVIDER OR SUPPLIER				OSEGATE DR	
ROSEGA	ATE VILLAGE LLC			1	IAPOLIS, IN46237	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	· ·	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	+	TAG		DATE
	1	applied for more than 3			The Executive Direction reviews tithe	e
	seconds. The init	tiation of the release			completted Preventtattve	
	process shall acti	ivate an audible signal in			Mainttenance Log montthly ongoing	
	the vicinity of the	e door. Once the door			4) How tihe corrective action(s)	.
	lock has been rel	eased by the application			will be monitiored tio ensure tihe	'
		leasing device, relocking			deficienti practice will noti recuri.e	
	shall be by manu	-			whati qualitiy assurance program	"
	1	re approved by the			will be puti intio place	
	_	jurisdiction, a delay not				
					All exitts doors equipped witth	
	· ·	conds shall be permitted.			delayed egress locks will be	
	1 ' '	adjacent to the release			monittored ftor proper operatton by	y
	· ·	ll be a readily visible,			tthe Executtve Directtodesignee	
	_	etters not less that 1 inch			weekly X 4 weeks, montthly X2	
	high and at least	1/8 inch in stroke width			montths and quartterly tthereafter	
	on a contrasting	background that reads:			Resultts oft tthe auditt will be	
	"PUSH UNTIL A	ALARM SOUNDS.			presentted tto tthe CQI Committee	.
	DOOR CAN BE	OPENED IN 15			montthly tto ensure compliance and ftollowup. Identtfted noncomplianc	
	SECONDS".				may resultt in sttaft ræducatton	
		actice could affect any			and/or disciplinary actton.	
	1	•				
		nd visitors using the Main				
	Lobby exit.					
	Findings include	:				
	Based on observa	ation with the				
	Maintenance Sup	pervisor during the tour of				
	the facility from	11:25 a.m. to 1:45 p.m.				
	1	Main Lobby exit door set				
	· ·	a sign stating "PUSH				
		SOUNDS DOORS CAN				
		FIFTEEN SECONDS."				
		Main Lobby exit door set				
	is equipped with	delayed egress locks but				

011149

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED		
		155757	A. BUILDING B. WING		03/07/2011
NAME OF F	PROVIDER OR SUPPLIER	!!	STREET A	ADDRESS, CITY, STATE, ZIP CODE	
ROSEGA	ATE VILLAGE LLC			OSEGATE DR IAPOLIS, IN46237	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B	
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DATE DATE
		ald not release when the			
		pushed for more than Based on interview at the			
		on, the Maintenance			
	_	owledged the Main Lobby			
		uld have opened when was pushed for more than			
	fifteen seconds.	r seems and the seems of the se			
	3.1-19(b)				
	3.1 17(0)				

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SU	URVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING		COMPLE	TED
		155757	B. WIN			03/07/20	11
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER			l			
POSEGA	TE VILLAGE LLC		7510 ROSEGATE DR INDIANAPOLIS, IN46237				
	TE VILLAGE LLC		INDIANAFOLIS, IN40237			_	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	ΓE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0045	Based on observa	ation and interview, the	K00	45	1) Whati corrective action(s) wil		04/06/2011
SS=E	facility failed to	ensure the lighting for 2			be accomplished fior tihose residen		
-	of 7 exit means of	of egress was arranged so			fiound tio have been affectied by til	he	
	the failure of any	single lighting fixture			deficienti practice		
	(bulb) would not				No residents were found to	.	
		eficient practice could			No residentts were flound to		
		residents, as well as staff,			have any negattve outtcome by tthe ftndings.		
					Tendings.		
		ing to exit the facility			2) How will you identify otiher		
		ll exit and the 400 Hall			residentis having tihe potiential tio	be	
	exit.				afiectied by tihe same deficienti		
					practice and whati corrective action	,	
	Findings include	:			will be tiaken?		
	Based on observa	ation with the			All residentts have tthe pottenttal tte	o be	
		pervisor during the tour of			aftectted by tthe ftndingThe lightt		
	_	11:25 a.m. to 1:45 p.m.			ftxttures outtside of 00 and 400 hall		
					exitts have been replaced witth		
	· ·	exit means of egress			multt-bulb ftxttures so tthatt tthe		
		Hall exit and the 400 Hall			ftailure oft one bulb will nott leave t	the	
	_	ipped with one light			area in darkness.		
	fixture with only	one bulb. Based on					
	interview at the t	ime of observation, the			3) Whati measures will be puti		
	Maintenance Sur	pervisor acknowledged			intio place or whati systiemic chang you will make tio ensure tihati tihe	ges	
	_	cture with one bulb was			deficienti practice does noti recui		
	provided at each				achicienti practice does noti recui		
	pro . raca at cuch				7 oft 7exitt means oft egress are now	, l	
	2 1 10(b)				arranged so tthatt tthe ftailure oft ar		
	3.1-19(b)				single lightt ftxttur(bulb) will nott	·	
					leave tthe area in darkness As partt		
					oft tthe ongoing ftacilitty preventtat		
					mainttenance program tthe		
					Mainttenance Directtor inspectts		
					extterior lighttng on a daily basis Th	e	
					Executtve Directtor reviews tthe		
					completted Preventtattve		
					Mainttenance Log montthly ongoing	g	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: EQ7B21 Facility ID: 011149

If continuation sheet Page 6 of 12

,	55757	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/07/2011	
NAME OF PROVIDER OR SUPPLIER ROSEGATE VILLAGE LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7510 ROSEGATE DR INDIANAPOLIS, IN46237			
PREFIX (EACH DEFICIENCY N	TEMENT OF DEFICIENCIES MUST BE PERCEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
			4) How tihe corrective action(s will be monitiored tio ensure tihe deficienti practice will noti recuri.e whati qualitiy assurance program will be puti intio place		
			The Executive Directto/designee wi inspect exitt means oft egress light ftor proper operation weekly ¼, monthly X2 months and quartierly tithereafter the meett tithe requirem oft NFPA101 Lifte Saftetty Sttandard Resultts oft tithe auditt will be presented the tithe CQI Committee monthly the ensure compliance and ftollowup. Identified noncompliance may result in straft ræducatton and/or disciplinary action.	tng , entts ls	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		DDIG		COMPLE	ETED
		155757	A. BUII			03/07/20)11
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER	2					
DOOFOA	TEVULACELLO			1	OSEGATE DR		
RUSEGA	TE VILLAGE LLC		INDIANAPOLIS, IN46237				
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0050	Based on record	review and interview, the	K00)50	1) What corrective action(s)		04/06/2011
SS=F	facility failed to	conduct fire drills in 4 of			will be accomplished for thos		
00-1	4 calendar quarte	ers. This deficient			residents found to have beer	ו	
	•	all residents in the facility			affected by the deficient		
	including staff.	in residents in the facility			practice? No residents were	;	
	meruanig stair.				found to have any negative outcome by the findings. 2) H	ow	
					will you identify other reside		
	Findings include	:			having the potential to be		
					affected by the same deficier	nt	
	Based on review	of "Monthly Fire Drill			practice and what corrective		
	Report" document	ntation with the			action will be taken? All		
	Maintenance Su	pervisor from 9:20 a.m. to			residents have the potential to	be	
		6/07/11, fire drill records			affected by the finding. Fire d		
		le for review for the shifts			will be held at unexpected time		
					under varying conditions, at le		
		the following calendar			quarterly on each shift. 3) W		
	quarters:				measures will be put into pla		
	·	or the first calendar			or what systemic changes yo will make to ensure that the	ou	
	quarter of 2010.				deficient practice does not		
	B) First, second	and third shift for the			recur? The Maintenance		
	second calendar	quarter in 2010.			Director will be in-serviced on	the	
	C) First and thir	d shift for the third			importance of proper scheduli		
	calendar quarter				and documentation of facility f		
	*	r the fourth calendar			drill requirements. The		
	/	the fourth calcildar			Maintenance Director will mon		
	quarter of 2010.				the current fire drill schedule to		
		ew at the time of record			comply with NFPA 101 Life Sa	ifety	
		ntenance Supervisor stated			Standards. 4) How the		
	the former Main	tenance Supervisor for			corrective action (s) will be monitored to ensure the		
	the facility was t	erminated after			deficient practice will not rec	ur.	
	September 2010	and acknowledged fire			i.e., what quality assurance	,	
	•	e not available for review			program will be put into plac	e?	
		tioned shifts and quarters.			The Executive Director will		
	101 the articular	ma quartos.			review the current fire drill		
	2 1 10/1-)				schedule and Preventative		
	3.1-19(b)				Maintenance Log as they relat		
	3.1-51(c)				fire drill procedures weekly X 4	1	
			1				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	155757	A. BUILDING		03/07/2011
			B. WING	ADDRESS, CITY, STATE, ZIP CODE	
NAME OF I	PROVIDER OR SUPPLIER			OSEGATE DR	
	ATE VILLAGE LLC		INDIAN	IAPOLIS, IN46237	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
PREFIX TAG	*	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	months, monthly X 2 months a quarterly thereafter to meet the requirements of NFPA 101 Lift Safety Standards. Results of audit will be presented to the Committee monthly to ensure compliance and follow-up. Identified noncompliance may result in staff re-education and disciplinary action.	and e e the CQI

PRINTED: 04/13/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155757		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED 03/07/2011	
		199797	B. WIN			03/07/2011
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE OSEGATE DR	
_	TE VILLAGE LLC				IAPOLIS, IN46237	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5)
TAG		LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLETION DATE
K0144		ord review and interview,	K01		1) What corrective action(s)	04/06/2011
		to ensure a written	Kui		will be accomplished for thos	
SS=F	-	inspections of the			residents found to have beer	1
	-	•			affected by the deficient	
	•	for the generator was			practice? No residents were	•
		8 of 52 weeks. Chapter			found to have any negative outcome by the findings. 2) H	ow.
		A 99 requires storage			will you identify other reside	
		connection with essential			having the potential to be	
		s shall be inspected at			affected by the same deficier	nt
		nore than 7 days and shall			practice and what corrective	
		full compliance with			action will be taken? All	
	-	pecifications. Defective			residents have the potential to affected by the finding. 3) W	
		repaired or replaced			measures will be put into pla	
		n discovery of defects.			or what systemic changes yo	
		PA 110, 6-3.6 requires			will make to ensure that the	
		batteries, including			deficient practice does not	
	electrolyte levels	, at intervals of not more			recur? As part of the ongoing	
	than 7 days. Cha	pter 3-5.4.2 of NFPA 99			facility preventative maintenan program, the Maintenance	ce
	requires a written	record of inspection,			Director conducts and docume	ents
	performance, exe	ercising period, and			weekly generator batter	
	repairs for the ge	nerator to be regularly			inspections and monthly	
	maintained and a	vailable by the authority			generator load tests. The	
	having jurisdiction	on. This deficient			Executive Director reviews the completed Preventative	
	practice could aff	fect all residents, staff			Maintenance Log monthly	
	and visitors.				ongoing. 4) How the	
					corrective action (s) will be	
	Findings include:	:			monitored to ensure the	
	-				deficient practice will not rec i.e., what quality assurance	ur,
	Based on review	of "Emergency			program will be put into place	e?
		y Inspection Checklist"			The Executive Director will	
		rith the Maintenance			review the Preventative	
		9:20 a.m. to 11:20 a.m.			Maintenance Log to ensure	
	•	only documented dates of			compliance with required generator inspections weekly 2	× 4
	· ·	ry weekly inspections			months, monthly X 2 months a	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

EQ7B21 Facility ID:

011149

If continuation sheet

Page 10 of 12

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION		A. BUILDING		COMPLETED
		155757	B. WING		03/07/2011
NAME OF I	PROVIDER OR SUPPLIER		l l	ADDRESS, CITY, STATE, ZIP CODE	
ROSEG/	ATE VILLAGE LLC		l l	ROSEGATE DR NAPOLIS, IN46237	
				+ CEIO, 11440207	
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	DATE
		iew were from 09/22/10		quarterly thereafter. Results	
		. Weekly generator		the audit will be presented to	
		ns for the period of		CQI Committee monthly to	
		n 09/15/10 were not		ensure compliance and follow Identified noncompliance may	
		iew. Based on interview		result in staff re-education an	
	at the time of rec			disciplinary action.	
		pervisor stated the former			
	1	pervisor for the facility			
	·	fter September 2010 and			
		eekly generator records			
		er 2010 were not			
	available for revi				
	3.1-19(b)				
	2. Based on reco	ord review and interview			
	for 6 of 12 montl	hs, the facility failed to			
	exercise the gene	erator to meet the			
	requirements of 1	NFPA 110, the Standard			
	for Emergency a	nd Standby Powers			
	Systems, chapter	6-4.2. Chapter 6-4.2 of			
	NFPA 110 requir	es generator sets in Level			
	1 and Level 2 ser	rvice to be exercised at			
	least once month	ly, for a minimum of 30			
	minutes, using or	ne of the following			
	methods:				
	a. Under operatir	ng temperature conditions			
	or at not less that	n 30 percent of the EPS			
	nameplate rating				
	b. Loading that n	naintains the minimum			
	exhaust gas temp	peratures as			
	recommended by	the manufacturer.			
	The date and tim	e of day for required			

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155757	A. BUILDING	(X2) MULTIPLE CONSTRUCTION (X3) DATI COMI B. WING (X3) DATI COMI 03/07/		
	PROVIDER OR SUPPLIER	<u> </u>	7510	ET ADDRESS, CITY, STATE, ZIP CODE D ROSEGATE DR ANAPOLIS, IN46237	1	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPRO DEFICIENCY)	BE	(X5) COMPLETION DATE
	based on facility	actice could affect all				
	Findings include	:				
	Test Log" docum Maintenance Sup 11:20 a.m. on 03 generator load te available for rev 09/21/10 through test documentation review for the per through August 2 at the time of rec Maintenance Sup Maintenance Sup was terminated as acknowledged m	y Exercise/Monthly Load nentation with the pervisor from 9:20 a.m. to /07/11, monthly st documentation was new for the period in 02/14/11. Monthly load on was not available for eriod of March 2010 2010. Based on interview cord review, the pervisor stated the former pervisor for the facility after September 2010 and nonthly generator load test rior to September 2010				